

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(703) 305-5483

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. | FILING DATE | | | | |
|--|----------|------|------------------------|------|------------------------|--------------|--------------|------|------|------|--|
| | | | | | | APPLICANT(S) | | | | | |
| CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
| 1 | / | | / | | | | 51 | | | | |
| 2 | | / | | / | | | 52 | | | | |
| 3 | 2 | | | / | | | 53 | | | | |
| 4 | 2 | | | / | | | 54 | | | | |
| 5 | 2 | | | / | | | 55 | | | | |
| 6 | 8 | | | / | | | 56 | | | | |
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| 50 | | | | | | | 100 | | | | |
| TOTAL IND. | | | / | | | | TOTAL IND. | | | | |
| TOTAL DEP. | | | 5 | | | | TOTAL DEP. | | | | |
| TOTAL CLAIMS | | | 6 | | | | TOTAL CLAIMS | | | | |